EXHIBIT
21

ADC HEALTH SERVICE REQUEST FORM

Name (Last, First, MI):	ADC #:	Date of birth:	Barracks:	Date of Request:
Shipp Craig A	660878	[redacted]	45	2-3-16

Job Assignment:

Description of the problem: Deformed feet + toes due to charcot joint. Also Diabetes

I consent to be treated for the above problem. I understand that in accordance with the Department of Correction's policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of the co-pay will be set up as an outstanding debt.

INMATE'S SIGNATURE: Craig Shipp DATE: 2-3-16

FOR MEDICAL USE ONLY

FACILITY NAME: SWACCC

DATE RECEIVED BY MEDICAL DEPT: 2.5.16

PRIORITY 1 :See within 24 hours- emergent need ☐ PRIORITY 3:See within 72 hours- routine request ☒

PRIORITY 2: See within 48 hours- urgent need ☐ PRIORITY 4: Face-to-face visit not needed; respond to request in writing ☐

DATE TRIAGED: 2.5.16 TRIAGED BY: (NAME) J. Hicks (TITLE) LPN

If the EHR is unavailable, enter nursing sick call notes in this area:

Vital Signs: BP Pulse Temp Resp Wt

Protocol Used:

Subjective:

Objective:

Assessment:

Plan:

Education:

Refer to: [ ] Physician [ ] Mid-level [ ] Mental Health [ ] Dental [ ] Other (List):

Medical Staff Name:

Medical Staff Signature: Title: Date/Time: Unit:

Inmate Name: Shipp, Craig ADC #: 660878 Date of Birth: [redacted]